

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Globe

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 180

County Registrar No. \_\_\_\_\_

Local Registrar No. 228

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Anita Basabilbazo  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.3. Sex of Child Female  
To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth 10-30-1927  
Month day year3. FATHER  
Full name Fernando Basabilbazo9. Residence (Usual place of abode) Globe, Arizona  
If nonresident, give place and state10. Color or race Mexican12. Birthplace (city or place) Mexico  
(State or country)13. Occupation miner  
Nature of industry20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living Three  
(b) Born alive but now dead 0  
(c) Stillborn 014. MOTHER  
Full maiden name Helena Garcia15. Residence (Usual place of abode) Globe, Arizona  
If nonresident, give place and state16. Color or race Mexican18. Birthplace (city or place) Mexico  
(State or country)19. Occupation Housewife  
Nature of industry21. Were precautions taken against ophthalmia neonatorum? Yes.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1:05 P. m. on the date above stated.  
(Born alive or stillborn.)\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_  
Signature T.C. Harper (Physician or midwife)  
Address Globe, Ariz  
Filed 10-31-27 Dr. J. J. Foster  
Month, day, year. \_\_\_\_\_  
Local Registrar.

Registrar.

Filed \_\_\_\_\_ 19\_\_\_\_

County Registrar.

126-1030-871

IN CASE OF MORE THAN ONE CHILD, THIS RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH CHILD MUST BE STATED. IN CASE OF MORE THAN ONE CHILD, THIS RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH CHILD MUST BE STATED.